

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C A D 04 22 45 001		Manifest Document No. 107		Page 1 of 1		Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address CENTER LINE TOOL 13521 Freeway Dr., Santa Fe Springs, CA 90670				A. State Manifest Document Number 86544118					
4. Generator's Phone (213) 921-9637				B. State Generator's ID CAX000032516					
5. Transporter 1 Company Name Omega Recovery Services				6. US EPA ID Number C A D 04 22 45 001		C. State Transporter's ID 1707237		D. Transporter's Phone 213/698-0991	
7. Transporter 2 Company Name				8. US EPA ID Number		E. State Transporter's ID		F. Transporter's Phone	
9. Designated Facility Name and Site Address Omega Recovery Services 12504 E. Whittier Blvd. Whittier, CA 90602				10. US EPA ID Number C A D 04 22 45 001		G. State Facility's ID CAD042245001		H. Facility's Phone 213/698-0991	
1. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)				12. Containers No. Type		13. Total Quantity		14. Unit WVVol	
Waste Perchloroethylene ORM-A UN 1897				20 DM				G	
								211	
J. Additional Descriptions for Materials Listed Above				K. Handling Codes for Wastes Listed Above					
Perchloroethylene				01					
Densit									
15. Special Handling Instructions and Additional Information									
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable International and national government regulations. Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.									
Printed/Typed Name				Signature				Month Day Year	
17. Transporter 1 Acknowledgement of Receipt of Materials				Signature				Month Day Year	
Printed/Typed Name				Signature				Month Day Year	
18. Transporter 2 Acknowledgement of Receipt of Materials				Signature				Month Day Year	
Printed/Typed Name				Signature				Month Day Year	
19. Discrepancy Indication Space									
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.									
Printed/Typed Name				Signature				Month Day Year	